ATEZOLIZUMAB (Tecentriq) PACLITAXEL albumin-bound (nab-PACLITAXEL)

INDICATION (ICD10) C50

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (ATE6)

1. For treating untreated PD-L1-positive, triple negative, unresectable, locally advanced or metastatic breast cancer for patients whose tumours express PD-L1 at a level of 1% or more, eligible for paclitaxel monotherapy as 1st line treatment. No symptomatically active brain metastases or leptomeningeal metastases. PS 0 or 1. (TA639)

REGIMEN

Day 1	ATEZOLIZUMAB	1680mg* in #ml sodium chloride 0.9% IV infusion
	PACLITAXEL ALBUMIN BOUND	100mg/m^2 IV infusion over 30 minutes
Day 8	PACLITAXEL ALBUMIN BOUND	100mg/m^2 IV infusion over 30 minutes
Day 15	PACLITAXEL ALBUMIN BOUND	100mg/m^2 IV infusion over 30 minutes

diluent volume for dose prescribed as per national standardised product specification

*if paclitaxel albumin-bound is discontinued due to toxicity, the atezolizumab SC (relapsed/metastatic) regimen (1875mg SC every 21 days - see separate regimen) may be prescribed,
or if IV is required continue with this 4 weekly IV regimen (and delete paclitaxel albumin-bound).

The initial dose of Atezolizumab IV will be delivered over 60 minutes.
If the first infusion is tolerated without infusion-associated adverse events, subsequent infusions may be delivered over 30 minutes.

CYCLE FREQUENCY AND NUMBER OF CYCLES

Combination every 28 days until disease progression.
If paclitaxel albumin-bound has to be discontinued due to toxicity atezolizumab IV continuies every 28 days until disease progression.
Formal medical review as to how atezolizumab and paclitaxel albumin-bound are being tolerated and whether treatment with the combination of atezolizumab and paclitaxel albumin-bound should continue or not will be scheduled to occur at least by the end of the first 8 weeks of treatment.

ANTI-EMETICS

Low emetogenic risk days 1, 8 and 15

CONCURRENT MEDICATION REQUIRED

None required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Atezolizumab IV – neutral
Paclitaxel albumin bound – vesicant

Paclitaxel albumin-bound administer via a standard giving set with a 15micron (µm) filter
Atezolizumab IV use of 0.2-5micron filter is optional
Central or peripheral line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs days 1, 8 and 15 every cycle
Neutrophils x 10^9/L ≥1.5 day 1, ≥1.0 days 8 and 15
Platelets x 10^9/L ≥100 day 1, ≥75 days 8 and 15
Random blood glucose every cycle
Thyroid function baseline and every 1 to 2 cycles
Random cortisol baseline and every 1 to 2 cycles
Baseline weight

MAIN TOXICITES AND ADVERSE REACTIONS

Atezolizumab	Immune mediated pneumonitis Immune mediated hepatitis Immune mediated colitis Immune mediated endocrinopathies
Paclitaxel albumin-bound	Hypersensitivity - discontinue immediately Bone marrow suppression Peripheral neuropathy Sepsis Pneumonitis

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC)

Atezolizumab	-

DOSE MODIFICATIONS

Haematological

Paclitaxel albumin-bound
Patients who experience severe neutropenia (neutrophil count <0.5x10^9/L for a week or longer) during paclitaxel albumin-bound therapy should have the dose reduced for subsequent courses.

Non-haematological

Atezolizumab
Immune-related adverse reactions - refer to TV immune-oncology agent immune related adverse event clinical guideline.
If the drug-related toxicity does not resolve to grade 0-1 within 12 weeks after onset of toxicity, discontinuation is recommended.

Paclitaxel albumin-bound
Patients who experience severe sensory neuropathy during paclitaxel albumin-bound therapy should have the dose reduced for subsequent courses.
For grade 3 sensory neuropathy, withhold treatment until resolution to grade 1 or 2, followed by a dose reduction for all subsequent courses.

Hepatic impairment

Atezolizumab

No dose adjustment is needed for patients with mild hepatic impairment. Atezolizumab has not been studied in patients with moderate or severe hepatic impairment.

Paclitaxel albumin-bound

Total bilirubin >1.0 to ≤1.5xULN and AST ≤10xULN)	no dose adjustments required.
Total bilirubin >1.5 to ≤5xULN and AST ≤10xULN)	give 80% dose The reduced dose may be escalated to the dose for patients with normal hepatic function if the patient is tolerating the treatment for at least two cycles.

Renal impairment

Atezolizumab

No dose adjustment is needed for patients with renal impairment.

Paclitaxel albumin-bound

CrCl ≥30ml/min	No dose reduction

REFERENCES

1. CDF list